Telephone 650-506-5375

Approved for use through 1231/2008, OMS 695-1025
U.S. Palent and Trackon Office (U.S. Palent and Trackon Office) (U.S. Palent and Trackon Office) (U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respend to a collection of information unless it displays a valid Office control manter.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

7 CFR 3.73	l(b)	vious po	owers of attorney	given	in the appi	ication identified	in the a	ittached state	ment under
hereby app	oint:		_					1	
Practitioners associated with the Customer Number:						45591			
OR L									
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
	Name				tration inber	1	Name		
<u> </u>									
				11	響	Datast and Tondon	ul Office	/I ICOTO) to son	nanilan with
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with my and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents takehed to this form in accordance with 37 CPR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
The address associated with Customer Number: 45591									
OR Firm or	-								
Individu	al Name								
Address	1								
City					State			Zlp	-
Country									
Telephone						Email			
Assignee Nam	a and Adde								
maaigilee iyaiii	e and Addic								
Oracle International Corporation 500 Oracle Parkway - M/S 50P7									
Redwood Shores, California 94065									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be									
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of									
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	micha	לט	i ellem				Date	02/04/	108

TIBS Manna 1-2 County 1-2 County

Name

Michael Gelblum